

Fill in this information to identify your case:

Debtor 1	Shayla N. Butler		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)	<u>25-02227</u>		

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	BLC Prime Lending Fund II, LLC	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
	Creditor's Name c/o Law Ofc. of Nathan Lollis, LLC 73 W. Monroe St., Suite 230 Chicago, IL 60603 Number, Street, City, State & Zip Code	\$9,296,765.12	\$490,000.00	\$9,068,492.12

Describe the property that secures the claim:

**20173 Ash Lane, Lynwood IL
1750 183rd St., Homewood IL**

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)

Statutory lien (such as tax lien, mechanic's lien)

Judgment lien from a lawsuit

Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number **1033**

Debtor 1	Shayla N. Butler	First Name	Middle Name	Last Name	Case number (if known)	25-02227
Creditor's Name						
2.2	Creekside Pointe Condominium Assn	Describe the property that secures the claim:			\$0.00	\$490,000.00
8951 W. 151st St. Orland Park, IL 60462			20173 Ash Lane, Lynwood, Illinois			\$0.00
Number, Street, City, State & Zip Code						
Who owes the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred		Last 4 digits of account number				
2.3	Roundpoint Mtg	Describe the property that secures the claim:			\$115,959.00	Unknown
Creditor's Name			20173 Ash Lane, Lynwood, IL 60411 Cook County			Unknown
Number, Street, City, State & Zip Code						
Who owes the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt						
Opened 04/16 Last Active 10/24		Last 4 digits of account number 3597				

Debtor 1 **Shayla N. Butler**

First Name

Middle Name

Last Name

Case number (if known)

25-02227

2.4 Servicemac Llc

Creditor's Name

**Attn: Bankruptcy
3296 Summit Ridge Pkwy
Duluth, GA 30096**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**1750 183rd St, Homewood, IL 60430
Cook County**

\$145,768.00

\$275,000.00

\$0.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

**Opened
10/18 Last
Active 10/24**

Date debt was incurred Last 4 digits of account number **1924**

2.5 Wells Fargo Dealer Services

Creditor's Name

**Attn: Bankruptcy
1100 Corporate Center Drive
Raleigh, NC 27607**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

2016 Lexus NX 200T

\$4,358.00

\$11,950.00

\$0.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

**Opened
06/18 Last
Active 09/24**

Date debt was incurred Last 4 digits of account number **5656**

Add the dollar value of your entries in Column A on this page. Write that number here: **\$9,562,850.12**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: **\$9,562,850.12**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Shayla N. Butler		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)	<u>25-02227</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1	Illinois Department of Revenue Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code	Last 4 digits of account number	\$32,000.00	\$0.00	\$32,000.00
		When was the debt incurred?			
		As of the date you file, the claim is:	Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Income taxes</u>		
		Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
		Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Shayla N. Butler**

2.2	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number	\$150,000.00	\$0.00	\$150,000.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify			
	<input type="checkbox"/> Yes	Income taxes 2019 & 2020			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	Advocate Health Care Nonpriority Creditor's Name P.O. Box 3039 Hinsdale, IL 60522-3039 Number Street City State Zip Code	Last 4 digits of account number 9652 \$149.17
	Who incurred the debt? Check one.	When was the debt incurred?
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:
	Is the claim subject to offset?	<input type="checkbox"/> Student loans
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		<input checked="" type="checkbox"/> Other. Specify Medical services

Debtor 1 **Shayla N. Butler**

4.2	Amex Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 EI Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 8433	\$14,775.00
		When was the debt incurred? Opened 08/21 Last Active 05/23	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card		
4.3	Amur Equipment Finance, Inc. Nonpriority Creditor's Name c/o Weltman Weinberg & Reis Co. 5990 West Creek Rd., Ste 200 Cleveland, OH 44131 Number Street City State Zip Code	Last 4 digits of account number 4097	\$39,465.14
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Goods purchased		
4.4	Athletico Ltd. Nonpriority Creditor's Name P.O. Box 74007003 Chicago, IL 60674-7003 Number Street City State Zip Code	Last 4 digits of account number 5376	\$899.93
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical services provided		

Debtor 1 Shayla N. Butler

4.5	Best Egg Nonpriority Creditor's Name Attn: Bankruptcy Po Box 42912 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number <u>8698</u>	\$8,258.00
	When was the debt incurred? <u>Opened 11/22 Last Active 9/06/24</u>		
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Unsecured</u> <input type="checkbox"/> Yes		
4.6	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	Last 4 digits of account number <u>7449</u>	\$7,441.00
	When was the debt incurred? <u>Opened 03/19 Last Active 9/12/24</u>		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>		
4.7	CFIN 2022-TRL 1 Issuer LLC Nonpriority Creditor's Name c/o Latimer Levay Fyock, LLC 55 W. Monroe St., Suite 1100 Chicago, IL 60603 Number Street City State Zip Code	Last 4 digits of account number <u>4754</u>	Unknown
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Business debt</u> <input type="checkbox"/> Yes		

Debtor 1 **Shayla N. Butler**

4.8

Citibank

Nonpriority Creditor's Name

**Citicorp Cr Svcs/Cent. BK
Po Box 790040
St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

5046**\$17,000.00****Opened 12/23 Last Active****9/16/24**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**

4.9

Citibank

Nonpriority Creditor's Name

**Citicorp Cr Svcs/Cent. BK
Po Box 790040
St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7379**\$14,000.00****Opened 07/24 Last Active****9/22/24**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**4.1
0**City of Chicago**

Nonpriority Creditor's Name

**Markoff Law LLC
29 N. Wacker Dr., #550
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

Multiple**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Litigation in building code violations cases**

Debtor 1 Shayla N. Butler4.1
1**Kapitus Servicing c/o**

Nonpriority Creditor's Name

**Nhon H. Nguyen, Atty at Law
2201 Libbie Ave.
Richmond, VA 23230**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Other. Specify Judgment

Macy's/ DSNB

Nonpriority Creditor's Name

**Attn: Bankruptcy
701 E. 60th Street North
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Yes

Last 4 digits of account number

0118**\$91,772.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Judgment

4.1
2**Macy's/ DSNB**

Nonpriority Creditor's Name

**Attn: Bankruptcy
701 E. 60th Street North
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Yes

Last 4 digits of account number

7961**\$885.00**When was the debt incurred?
Opened 03/11 Last Active 10/24

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Charge Account

4.1
3**Morgan Jordan/Sage Workinger**

Nonpriority Creditor's Name

**c/o Carlson Dash
216 S. Jefferson St., #303
Chicago, IL 60661**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Yes

Last 4 digits of account number

0664**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Guaranty obligation

Debtor 1 Shayla N. Butler4.1
4**Redwood BPL Holdings 2, Inc.**

Nonpriority Creditor's Name

**c/o Lathrop GPM
155 N. Wacker Dr., #3800
Chicago, IL 60606-1787**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Yes

Last 4 digits of account number 6477Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Guaranty obligation

4.1
5**Silver Cross Hospital**

Nonpriority Creditor's Name

**c/o Nationwide Credit & Collection
P.O. Box 3219
Hinsdale, IL 60522-3219**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Yes

Last 4 digits of account number 9447\$724.28

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical services

4.1
6**Superior Loan Servicing**

Nonpriority Creditor's Name

**7525 Topanga Canyon Blvd.
Canoga Park, CA 91303**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1569Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Guaranty of mortgage

Debtor 1 Shayla N. Butler4.1
7**U.S. Bank Trust**

Nonpriority Creditor's Name

c/o Klein, Daday, Aretos
 O'Donoghue
1051 Perimiter Dr. #300
Schaumburg, IL 60173

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

5779**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Guaranty obligation

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

City of Chicago
 c/o Corporation Counsel
 30 N. LaSalle St., Suite 700
 Chicago, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>182,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <u>182,000.00</u>
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>195,370.02</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <u>195,370.02</u>